



FORM EG-4106-A

Independent School District No. 621
350 Highway 96 West • Shoreview • MN • 55126 • Phone 651-639-6020 • Fax 651-639-6033

VOLUNTEER CRIMINAL BACKGROUND CHECK

The following named individual has made application to volunteer at _____
of Mounds View Schools. (school)

Date: _____

Full name of volunteer: _____
Last First Middle (not maiden)

Maiden, Previous, Alias: _____

Date of Birth: _____

The program he/she is volunteering for is: _____

Required: I have attached a copy of my driver's license or government issued photo ID to aid in this process.

I authorize the Minnesota Bureau of Criminal Apprehension to disclose my criminal history record information to Mounds View Schools pursuant to Minnesota State Statue 123B.03 for the purpose of volunteering with this agency.

Return completed form and copy of driver's license to:

Mounds View High School
Attention: Building Secretary
1900 Lake Valentine Rd.
Arden Hills, MN 55112

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of applicant

Date